

ANNUAL OCCUPATION TAX APPLICATION Municipal Code 3.24

Name of Applica	nt:							
Address:	_							
Address: Street Telephone:			City E-Mail:			State	Zip	
Business Name	:							
Business Address:Street			City			State	Zip	
			Only .					
State License #:_	Number	an S1	rate Liquor License)					
Owner Name:			ate Liquor License)					
Address:Street			City			State	Zip	
Telephone: E-Mail:								
Manager Name:								
(if diffe	erent than applicar	nt)						
Address: Street			City			State	Zip	
			E-Mail:					
			ne statements made herein a knowledge and belief, are tr			n pursuant to the laws and relete.	gulations of	
Signature of Applica	int:		nnually from each liquor	Date:				
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€ Club	\$50.00	€	Retail Liquor Store	\$150.00	€	Liquor-Licensed Drug Store	\$175.00	
3.2% Beer, Off- € Premise	\$50.00	€	3.2% Beer, On/Off – Premise	\$175.00	€	Tavern	\$175.00	
€ 3.2% Beer, On- Premise	\$150.00	€	Beer & Wine	\$175.00	€	Hotel & Restaurant	\$175.00	
€ Brew Pub	\$100.00							
Amount Paid \$			Receipt #			Date Received		
			Notes:					
Account #: 10.320.1000 (208 in CR)								